Case 2:06-cr-000711-21/HEFHOREGION ADDVOLUMENT GOODYMENT GEORGIA 2008 Page 1 of 1 2. PERSON REPRESENTED 1. CIR./DIST./DIV. CODE Willis, Bernetta ALM 3. MAG, DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5, APPEALS DKT./DEF. NUMBER 6. OTHER DKT. NUMBER 2:06-000071-001 2:06-000010-001 10, REPRESENTATION TYPE 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED 7. IN CASE/MATTER OF (Case Name) Adult Defendant Criminal Case U.S. v. Willis Felony 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1512A.F.-- TAMPE R. W. WITNESS, VICTIM, INFORMANT (IF DEATH RESULTS) REQUEST AND AUTHORIZATION FOR TRANSCRIPT PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) 12. Appeal PRO CEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening 13. statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 216/06 Preliminary + Detention Hearing (previously transcribed) Judge's Initials 14. SPECIAL AUTHORIZATIONS (Services Other Than Ordinary) % of transcript with (Give case name and defendant) A. Apportioned Cost B. 🗌 14-Day □ Expedited ☐ Daily ☐ Hourly ☐ Real Time Unedited C. 

Prosecution Opening Statement ☐ Prosecution Argument Prosecution Rebuttal ☐ Voir Dire ☐ Jury Instructions ☐ Defense Opening Statement ☐ Defense Argument D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. 16. COURT ORDER 15. ATTORNEY'S STATEMENT Financial eligibility of the person represented having been established to the As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States-pursuant to the Criminal Justice Act. n, the authorization requested in Item 15 is hereby granted Officer or By Order of the Court Nunc Pro Tunc Date CLAIM FOR SERVICES 18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix,) AND MAILING ADDRESS COURT REPORTER/TRANSCRIBER STATUS

▼ Official □ Contract □ Transcriber Risa L. Entrekin SOCIAL SECURITY NUMBER OR EMPLOYER ID OF PAYEE P.O. Box 5112 AL 36103-5112 On file Telephone Number: 334-240-2405 Montgomerx Sub-Total 20. TRANSCRIPT No. of Pages Rate Per Page Less Amount Include Total Page Numbers Apportioned Original Copy 53 .90 47,70 47.70 -53 Expenses (itemize): TOTAL AMOUNT CLAIMED: # 47.70 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. 3/11/08 ATTORNEY CERTIFICATION CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. APPROVED FOR PAYMENT - COURT USE ONLY APPROVED FOR PAYMENT